

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1951

State File No. 127BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5108 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Williams Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Williams Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles N.W. of Cole Camp</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. N.W. of Cole Camp</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Monseess</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19, 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Oct 24, 1881</u>
9. AGE (In years last birthday) <u>69</u>		10. MONTH <u>3</u>	11. DAY <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Herman Monseess</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Meyer</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martin Monseess, Mora, Mo.</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Chronic Nephritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>572A</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>1-18-51</u> , 19 <u>51</u> , to <u>1-19-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-18-51</u> , 19 <u>51</u> , and that death occurred at <u>5:10 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>J. L. Reser</u> (Degree or title) _____		23b. ADDRESS <u>4 miles N.W. of Cole Camp Mo 1-20-51</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>	
24d. LOCATION (City, town, or county) (State) <u>Benton County Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Kern</u> ADDRESS <u>Cole Camp Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 20-1951</u>		REGISTRAR'S SIGNATURE <u>E. L. Eickhoff</u> 394	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1/23/51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1/23/51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.